

CHEYENNE AND ARAPAHO TRIBES DEPARTMENT OF LABOR

DREAMS
SUMMER YOUTH
PROGRAM

Supplemental Youth Services Application

The DREAMS Program provides this eight (8) week program with a goal to develop work readiness and enhance job skills for native youth ages 14-21. Our program will provide various activities and/match entry-level work designed to prepare participants for a workplace environment.

Required Documents:

- ☐ **Complete Application Packet** (Intake, Privacy statement, SY Assessment, Family income verification(FIV) & W-9 form)
- ☐ **High School/OR College Transcript/Student Grade Report** (1st Semester) (2nd Semester Due June 2022)
- ☐ **Tribal ID/CDIB**
- ☐ **Valid ID/Social Security Card/Birth Certificate** (**B.C. Mandatory for Minors**)
- ☐ **Guardianship/Court Documents** (For Custodial Care Applicants)
- ☐ **Valid COVID-19 Vaccination Card**
- ☐ **Proof of Residency** (Utility bill, bank statement, Lease Agreement, etc.)
- ☐ **Proof of Income** (Paystubs,(As identified in FIV), Benefits letter, SNAP, SSI, Unemployment, W-2, IIM, etc.)
- ☐ **Selective Service Registration** (Required from all male applicants 18 or older)

The application will remain **INCOMPLETE** until all documentation is received.

Please be advised that to be considered for participation in DREAMS Summer Youth program, eligibility must be determined.

PROGRAM SESSION | JUNE 6 – JULY 29, 2022

APPLICATION DEADLINE | MARCH 18, 2022

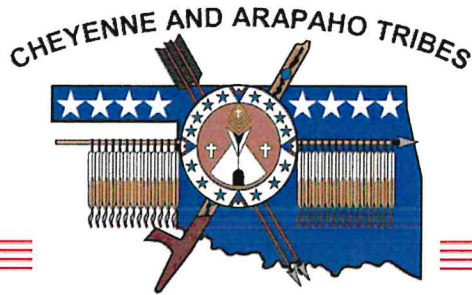
PLEASE COMPLETE APPLICATION AND FORWARD TO THE DREAMS ADMINISTRATION NEAREST YOU.

(Applications can be physically dropped off or Emailed/Faxed in. However, if faxed, Originals will need to be Mailed in **BEFORE** the deadline date.)

Please be sure to schedule an appointment for Assessments and Interview after you have turned in your application.

Department of Labor

P.O. Box 67, Concho, OK 73022



DREAMS Program
Kathleen Tall Bear, Director
1.800.247.4612. x.27564
Office (405) 422-7564
ktallbear@cheyenneandrapaho-nsn.gov

Central Intake/Referral Form

1. LAST NAME		FIRST NAME		MIDDLE INITIAL		MAIDEN NAME		2. SOCIAL SECURITY NUMBER	
3. MAILING ADDRESS				CITY		STATE		ZIP CODE	
5. PHYSICAL ADDRESS						6. CELL PHONE ()		7. CELL PHONE ()	
8. E-MAIL ADDRESS				SOCIAL MEDIA CONTACT (fb, Instagram, etc.)				9. ALTERNATE PHONE ()	
10. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		11. DATE OF BIRTH		12. AGE		13. CULTURAL IDENTIFICATION <input type="checkbox"/> American Indian <input type="checkbox"/> AK Native <input type="checkbox"/> HI Native <input type="checkbox"/> Non-Native		14. EDUCATIONAL STATUS <input type="checkbox"/> Student GRADE: _____ <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED Graduate <input type="checkbox"/> Post High School <input type="checkbox"/> College Graduate GO TO #37 Education Experience	
15. HOUSING <input type="checkbox"/> Own <input type="checkbox"/> Free Housing <input type="checkbox"/> Rent <input type="checkbox"/> Homeless		16. C&A HOUSING AUTHORITY RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No							
18. PUBLIC ASSISTANCE <input type="checkbox"/> SNAP/Commodities <input type="checkbox"/> HOPE/ElderCare <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> SSDI <input type="checkbox"/> Other: _____		19. VETERAN STATUS <input type="checkbox"/> Honorably Discharged <input type="checkbox"/> Recently Separated <input type="checkbox"/> Disabled <input type="checkbox"/> Other: Active Duty Guard Reserve <input type="checkbox"/> Not a Veteran							
		20. SELECTIVE SERVICE <input type="checkbox"/> Registered # _____ <input type="checkbox"/> Not Registered <input type="checkbox"/> Exempt <input type="checkbox"/> Not Applicable		21. BARRIERS TO EMPLOYMENT <input type="checkbox"/> High School Incomplete <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Offender <input type="checkbox"/> Basic Skills Deficient (less than 9 th grade) <input type="checkbox"/> Public Assistance Recipient <input type="checkbox"/> Homeless, runaway, or foster child <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Pregnant or Parenting Youth <input type="checkbox"/> Transportation Single Head of Household w/dependent under age 18 – Number of Dependents Under Age 18 _____ Limited Work History					
22. DO YOU HAVE ANY OTHER BARRIERS TO EMPLOYMENT? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No									
23. EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed Benefits Recv'd: Y N <input type="checkbox"/> Long-Term Unemployed (15 of past 26 Weeks)				24. HOURLY WAGES (Most recent hourly wage in past six months)		25. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
26. TRANSPORTATION Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Dependable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No				24. Type of Transportation: _____ GO TO #36 Work Experience					
27. CHILD CARE <input type="checkbox"/> Not Applicable <input type="checkbox"/> Need – Number of Children Under Age 12: _____ <input type="checkbox"/> Currently Have 28. TYPE OF CURRENT CHILD CARE <input type="checkbox"/> Center <input type="checkbox"/> Provider Home <input type="checkbox"/> In Home <input type="checkbox"/> Relative				29. SOCIAL SERVICE NEEDS <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Parenting <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____		30. TRAINING NEEDS <input type="checkbox"/> Basic Skills <input type="checkbox"/> GED <input type="checkbox"/> Occupational Skills Upgrade <input type="checkbox"/> On the Job Training <input type="checkbox"/> Vocational Short Term <input type="checkbox"/> Vocational Long Term <input type="checkbox"/> Retraining		31. EMPLOYMENT NEEDS <input type="checkbox"/> Job Search <input type="checkbox"/> Employment Referral <input type="checkbox"/> Work Experience <input type="checkbox"/> Life/Employment Skills <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Rehab Technology <input type="checkbox"/> Other	
32. REFERRALS – OFFICE USE ONLY <input type="checkbox"/> Child Care Services <input type="checkbox"/> Health Services: Tribal IHS <input type="checkbox"/> State Partners: _____ <input type="checkbox"/> Family Assistance / Social Services <input type="checkbox"/> Housing Authority <input type="checkbox"/> REFERRED TO DOL OFFICE STAFF NAME: _____ <input type="checkbox"/> Education Services <input type="checkbox"/> Food Distribution									

Staff Name: _____

Intake Date: _____



Central Intake/Referral Form (continued)

36. WORK EXPERIENCE (list most recent employment first)				
Company Name		Address		City, State, Zip Code
Job Title		Date Started		Date Ended
Hourly Wage	Reason for Leaving		Job Duties	
Company Name		Address		City, State, Zip Code
Job Title		Date Started		Date Ended
Hourly Wage	Reason for Leaving		Job Duties	
Company Name		Address		City, State, Zip Code
Job Title		Date Started		Date Ended
Hourly Wage	Reason for Leaving		Job Duties	
37. EDUCATION EXPERIENCE				
High School Name		Address		City, State, Zip Code
Other High Schools Attended				Graduation Year
Last Grade Completed (9 th , 10 th , 11 th , 12 th)		In What Year did you last attend High School?		
Vocational School		Address		City, State, Zip Code
Course Name		Date Started / Date Finished		
Certification Earned/ YR			2 nd Certification Earned/ YR	
College/University		Address		City, State, Zip Code
Major / Minor		Date Started		Date Completed/Withdrawn
Associates Degree/YR		Bachelor's Degree/YR		Master's Degree/YR
38. CERTIFICATION I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud or perjury; or I will be subject to immediate termination. I understand that the information provided will be used to determine eligibility for DREAMS program services and subject to review and verification, and that I may be required to provide documents to substantiate income, benefits, prior and present work history, CDIB and other pertinent documentation to support this application. I further understand that a determination of eligibility is not a guarantee of services. I hereby authorize release of this information for verification purposes understanding all information is confidential and will not be released to any other agency, office, or individual unless the information is necessary to provide me with comprehensive services. _____				
Signature of Applicant:			Date:	
Print Applicant Name				



CHEYENNE AND ARAPAHO TRIBES
DEPARTMENT OF LABOR
P.O. Box 38
Concho, OK 73022



DREAMS PROGRAM
Kathleen Tall Bear, Director
1-800-247-2612 x.27564
405-274-2982 mobile
ktallbear@c-a-tribes.org

DREAMS PROGRAM STATEMENT OF PRIVACY

In accordance to the Privacy Act of 1974 (Title 5 U.S.C. 552a) the Cheyenne and Arapaho Tribes DREAMS program operates under the general authority of 25 U.S.C. 450 et seq., with specific regulations contained in 25 CFR, Part 46. In accordance with the accountability required for the administration of funds appropriated for the program, and in order to provide services to recipients, and to declare eligibility, certain information is required of all applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

I, the applicant, understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office.

And specifically, the release of information is regarding educational history, grades/transcripts, attendance, and certification test results, to the Cheyenne and Arapaho Tribes – DREAMS Program. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility of the DREAMS program.

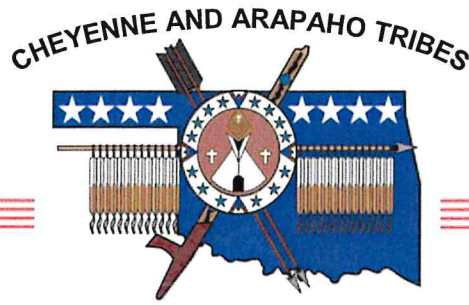
I have read and understand the statement of privacy listed with the application form. I hereby provide the requested information and authorize the use of such information to the uses specified in the statement. I, also, understand that I must furnish a certificate of completion, or vocational transcript, GED Test scores, for compliance before receiving future assistance from the Cheyenne and Arapaho Tribes DREAMS program.

Signature of Applicant

Witness

Print or Type Name





Family Income Verification

I hereby authorize the Cheyenne – Arapaho Tribes Developing Responsible Employee Aptitude and Marketing Success (DREAMS) Program be provided all information to substantiate income, benefits, prior work history, present work history, other pertinent documentation regarding employability to determine my/my child's eligibility to participate in the DREAMS Program. It is my understanding that this information is required for inclusion in my file, as an applicant, to verify eligibility for participation in the DREAMS Program.

Income eligibility will be determined using 2022 HHS Poverty Guidelines.

This consent will expire six (6) months from the date of signing.

Signature of Applicant

Social Security #

Date

Signature of Parent/Guardian of minor child

Social Security #

Date

Other Members of Immediate Family Supported by my Income

Please list name, age and last four digits. If over 18, must provide proof of income.

Signature of Child or Adult in Household

Age / Last four of SSN #

Date

Signature of Child or Adult in Household

Age / Last four of SSN #

Date

Signature of Child or Adult in Household

Age / Last four of SSN #

Date

Signature of Child or Adult in Household

Age / Last four of SSN #

Date

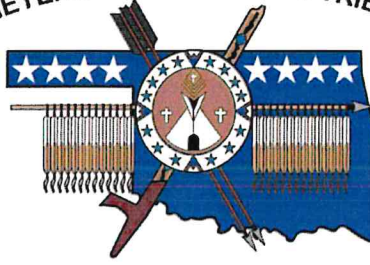
Signature of Child or Adult in Household

Age / Last four of SSN #

Date

*Department
of
Labor*

CHEYENNE AND ARAPAHO TRIBES



*DREAMS Program
Kathleen Tall Bear, Director
1.800.247.4612. x.27564
Office (405) 422-7564
ktallbear@cheyenneandrapaho-nsn.gov*

Summer Youth Assessment

Client Information

Last name:	First name:	MI:
------------	-------------	-----

Youth Self-Assessment

What are your career goals? Why?

What is your back-up plan or second career choice?

Do you have chores at home? Please describe.

How would you rate yourself in completing these chores?

How would your parents rate you in completing these chores?

***Assessment continues on back

Youth Self-Assessment

What talent(s) or skill(s) do you possess?

Do you have hobbies? What do you enjoy doing in your free time?

Where do you see yourself in five (5) years?

Do you feel that your education has prepared you for a career/job? Why or why not?

Do you have a computer/tablet with access to internet?

What is your preferred method of learning? (How do you learn best?)

☐ Visual ☐ Audio ☐ Hands-on ☐ One-on-One ☐ Group

Please select your T-Shirt Size:

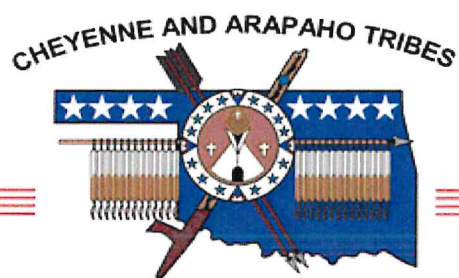
☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone: _____
LAST FIRST MI

Name: _____ Relationship: _____ Phone: _____
LAST FIRST MI

*Department
of
Labor*



*DREAMS Program
Kathleen Tall Bear, Director
1.800.247.4612. x.27564
Office (405) 422-7564
ktallbear@cheyenneandrapaho-nsn.gov*

Why do you want to participate in the Summer Youth Program?

Please use the space below to provide your answer. Response should be 3-5 sentences or more.

Applicant Name

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.